

Exhibit D

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY NUMBER

FEPA

EEOC

EEOC Charge No. 520-2017-03247

NYC Human Rights Commission and EEOC

State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

Mr. Kaloma Cardwell

HOME TELEPHONE (Include Area Code)

267-408-8392

STREET ADDRESS

10 West 135th Street, Apt. 1B

CITY, STATE & ZIP CODE

New York, NY 10037

DATE OF BIRTH

5/10/1984

NAME OF THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

Davis Polk & Wardwell LLP

NUMBER OF EMPLOYEES, MEMBERS

900+

TELEPHONE (Include Area Code)

212-450-4000

STREET ADDRESS

CITY, STATE, AND ZIP CODE

450 Lexington Avenue, New York, NY 10017

COUNTY

New York

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE, ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

RACE

COLOR

SEX

RELIGION

AGE

RETALIATION

NATIONAL

ORIGIN

DISABILITY

OTHER

DATE DISCRIMINATION TOOK PLACE

EARLIEST (ALL)

LATEST (ALL)

February 8, 2018

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet (s)):

Please see attached.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedure.

I declare under penalty of perjury that the foregoing is true and correct.

4/25/18

Date

[Signature]

Charging Party (Signature)

*NOTARY - (When necessary for State and Local Requirements)

[Signature]
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)

25th day of April 2018